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PTO/SB/50 (08-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

PRO
69757

10/13/00

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	030681-032
First Named Inventor	Chul-woo Lee
Original Patent Number	5,822,135
Original Patent Issue Date (Month/Day/Year)	10-13-98
Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

Yes No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration
(if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

21839

or Correspondence address below

(Insert Customer No. or Bar Code Label here)

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NAME (Print/Type)	Charles F. Wieland III	Registration No.(Attorney/Agent)	33,096
Signature			Date 10/13/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
030681-032

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee	Rate	Fee		
(A) 26	Total Claims (37 CFR 1.16(i))	(B) 40	**** 14 =	x \$ _____ =		or x \$ 18. =	\$ 252.00		
	Independent claims (37 CFR 1.16(i))		(D) 6	* 5 =	x \$ _____ =		x \$ 80. = \$ 400.00		
							\$ 710.00		
Basic Fee (37 CFR 1.16(h)) \$ _____				Total Filing Fee \$ _____					
				OR \$ 1,362.00					

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =		
								x \$ _____ =	
Independent Claims (37 CFR 1.16(i))		***	MINUS	*****	=	x \$ _____ =	Total Additional Fee \$ _____		
							OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.

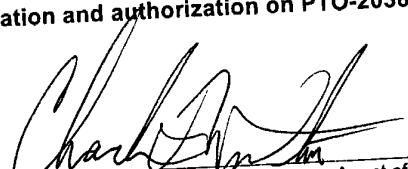
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account No. 02-4800
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,362.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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10/13/00
Date


Signature of Applicant, Attorney or Agent of Record

Charles F. Wieland III

Typed or printed name
(Reg. No. 33,096)

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